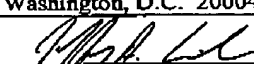



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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/973,956
		Filing Date	October 11, 2001
		First Named Inventor	Ronald W. MINK, et al.
		Group Art Unit	1723
		Examiner Name	David L. Sorkin
Total Number of Pages in This Submission	5	Attorney Docket Number	030793-052100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO Form 1449
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey A. Lindeman, Reg. No. 34,658 Nixon Peabody LLP 401 9th Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	
Date	March 2, 2006

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March 2, 2006 Date	 Signature Phoebe M. Jones Typed or printed name

FEE TRANSMITTAL FOR FY 2005				<i>Complete if Known</i>	
<i>Patent fees are subject to annual revision.</i>				Application Number 09/973,956	
<input type="checkbox"/> Applicant claims small entity status. Sec 37 CFR 1.27				Filing Date October 11, 2001	
TOTAL AMOUNT OF PAYMENT (\$) 180.00				First Named Inventor Ronald W. MINK, et al.	
				Examiner Name David L. Sorkin	
				Art Unit 1723	
				Attorney Docket No. 030793/052100	

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																								
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CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 223-8300 </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 45%;"> March 2, 2006 Date </div> <div style="width: 50%;"> Phoebe M. Jones Signature Phoebe M. Jones Typed or printed name </div> </div>																																																																																																																																																												

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Jeffrey A. Lindeman	Registration No. (Attorney/Agent) 34,658	Telephone (202) 585-8000	Date March 2, 2006
Signature			

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 P.O. Box 1450